

**Irwin County Detention Center**

**Formal Grievance Form**

Date: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Inmate/Detainee Name: \_\_\_\_\_ Inmate/Detainee #: \_\_\_\_\_

Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inmate/Detainee Signature

Date

Response/Resolution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inmate/Detainee Signature  
\_\_\_\_\_  
\_\_\_\_\_

Date:  
\_\_\_\_\_  
\_\_\_\_\_

Staff Name/Signature

Date:  
\_\_\_\_\_  
\_\_\_\_\_

**EXHIBIT  
A-2**